

(SAMPLE LETTER TO REQUEST PLAN DOCUMENTS)

[Date]

**VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Plan Administrator  
Human Resources Department  
[Name of Employer]  
[Address]

**RE: Claimant/Insured** : [your name]  
**Plan Name** : [ ]  
**Control/Group No.** : [ ]

Dear Plan Administrator:

I write regarding the denial/termination of [Short or Long] -Term Disability benefits dated [date]. Pursuant to 29 U.S.C.A. § 1024(b)(4), please forward me a copy of the Trust Document (commonly known as the “Plan Document”), Summary Plan Description (SPD), and Form 5500 in effect as of [ date ] (the date of my disability). Please also forward any amendments to the Trust Document, SPD, and Form 5500 from [date of disability] through the present.

As the Plan Administrator of the [name of plan ], you have a fiduciary duty to ensure that these documents are sent to me.

I await your prompt reply. Thank you for your assistance in this matter.

Very truly yours,

[your name]